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CONFIRMATION NO. 1112

<b>SERIAL NUMBER</b> 10/780,339	<b>FILING OR 371(c) DATE</b> 02/17/2004 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1636	<b>ATTORNEY DOCKET NO.</b> 3087.00013
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**\*\* CONTINUING DATA \*\*\*\*\*** *OK*  
 This appln claims benefit of 60/448,266 02/17/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
 NONE *JP*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 05/08/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> MI	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 34	<b>INDEPENDENT CLAIMS</b> 7
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>Verified and Acknowledged</b> Examiner's Signature <i>JP</i> Initials			

**ADDRESS**  
48924

**TITLE**  
Detection and identification of toxicants by measurement of gene expression profile

<b>FILING FEE RECEIVED</b> 748	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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